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ABSTRACT

In comparing the personality characteristics of late adolescent and young adult children of alcoholics with those of their peers, it was found that individuals with grandparents who were alcoholics in the absence of parental alcoholism were very similar to children of alcoholics. Grandparents may exert a social influence by passing on dysfunctional family patterns and through negative role modeling. The purpose of this paper is to examine existing literature on the effects of grandparental alcoholism on grandchildren and to look at related Bowenian theoretical constructs. It explains that Bowen's theory highlights the nuances of the emotional dependencies in a family and the degree of responsiveness and reactiveness family members have toward each other, viewing the family itself as an organism. It is suggested that identification of the multigenerational effects of alcoholism may be helpful to community counselors who may encounter grandchildren of alcoholics who are unaware of the source of their problems that prompted them to seek counseling. Characteristics of grandchildren of alcoholics are described and the Bowenian perspective is discussed. It is concluded that, using Bowen's theories, alcoholism can be seen as having multigenerational effects. Implications for counselors are presented. Counselors are encouraged to help these grandchildren of alcoholics to not become enmeshed in self-pity, but to look forward to the future with new understanding and new decision-making capabilities. Contains 15 references. (NB)

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EFFECTS OF ALCOHOLISM ON GRANDCHILDREN: A BOWENIAN PERSPECTIVE

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ABSTRACT

The purpose of this article is to examine the effects of alcoholism on grandchildren in relation to Bowenian constructs.

Included is a discussion of characteristics of grandchildren of alcoholics, Bowen's multigenerational transmission process and differentiation of self, and implications for counselors.

EFFECTS OF ALCOHOLISM ON GRANDCHILDREN: A BOWENIAN PERSPECTIVE

Introduction

In comparing the personality characteristics of late adolescent and young adult children of alcoholics with those of their peers, Berkowitz and Perkins (1991) found that individuals with grandparents who are alcoholic in the absence of parental alcoholism are very similar to children of alcoholics. Grandchildren of alcoholics ranked similar to children of alcoholics on scales used in their study in terms of personality characteristics. Not only do many children of chemical dependents have a considerable legacy with which to deal, their children may as well (Smith, 1988).

According to Smith (1988), the second generation can pass on children of alcoholic characteristics to their offspring in much the same way that they themselves inherited their characteristics. Many adult children of chemically dependents (whether chemically dependent themselves or not) often model and convey messages of victimization and codependent patterns of behaving to their offspring. Roles identical to those of the chemically dependent nuclear family may become present in the homes of codependents trying to raise their families as best they can (Cermak, 1990).

Grandparents may exert a social influence by passing on dysfunctional family patterns and through negative role modeling (Perkins and Berkowitz, 1991). Thanepohn (1986) argued that any individual related to an alcoholic may have problems with alcohol, even grandchildren of alcoholics.

The Bowen theory highlights the many nuances of the emotional dependencies in a family and the degree of responsiveness and reactiveness family members have toward each other rather than emphasizing the intrapsychic process of individual family members in isolation from each other (Hall, 1983). The family is seen as an organism (Bowen, 1960).

Purpose of the Paper

The purpose of this paper is to examine existing literature on the effects of grandparental alcoholism on grandchildren and to look at related Bowenian theoretical constructs. The need for counseling within this population will also be identified, showing counselors areas of concerns which could be issues for grandchildren of alcoholics. It is the writer's hope that identifying the multigenerational effects of alcoholism will be helpful to community counselors who may encounter grandchildren of alcoholics who are unaware of the source of their problems which bring them to counseling.

Characteristics of Grandchildren of Alcoholics

As a group grandchildren of alcoholics strongly resemble adult children alcoholics. Most identify with the standard lists of adult children of alcoholics characteristics. The following characteristics may be shared by some children of alcoholics, often those raised in "looking good" families. However, these characteristics of grandchildren are probably more familiar to grandchildren of alcoholics than to children of alcoholics (Smith 1988, p. 48).

Although every home is unique, some extremely abusive, others appearing to be the "ideal" family, underneath it all the many grandchildren of alcoholics may experience very similar thoughts and feelings (Smith, 1988, p. 44). Smith (1988) found that most grandchildren of alcoholics were never told about their grandparent's alcoholism; most adult children of alcoholic parents do not acknowledge being affected by their parents' alcoholism; many find that repressed feelings are acted out through other addictions and/or compulsions, such as workaholism, food addictions, cleaning, spending, perfectionism, gambling, and caretaking; most grandchildren of alcoholics are told repeatedly that they had a "good family"; and few felt they were loved despite the fact that many were told they were loved and had loving things done for them

(Smith, 1988, p. 46).

Grandchildren may see their family through rose-colored glasses and may develop a pattern, similar to the adult child who does not notice dysfunction or insanity around him/her. They tend to be accustomed to living in two realities, an inside one and an outside one, and no longer trust their own instincts. This learned ability to ignore pain may allow them to be surrounded with people in crises and believe they are unaffected by it. They tend not to seek help because they do not have a problem (Smith, 1988).

Grandchildren of alcoholics tend to have distorted images of their own families, unable to see anything wrong, despite evidence to the contrary. They often rave about how good their childhood was, while they themselves are dysfunctional as adults. They may not be able to attribute any of their present difficulties to their family background (Smith, 1988). Some may feel living with an alcoholic would be easier, at least they may have known what they were dealing with (Balis, 1986).

Berkowitz and Perkins (1988) in their study which compared the personality characteristics of late adolescent and young adult children of alcoholics with those of their peers found that adult children of alcholics have a more external locus of control. The

external focus of the adult child can lead to parenting with a "Do as I say, but I can't do it myself" model (Smith, 1988, p. 15.). Adult children may be successful at external adjustment, but the one variable they are usually not able to control is their own inside reaction to their children and spouse. If the parents have low self-esteem and little trust in each other, they tend to expect their child to enhance their self-esteem, to be an extension of themselves and to serve crucial pain-relieving functions in the marital relationship (Smith, 1988).

There is often excessive consciousness of the image projected to those outside the family. They may give the message of being a good family and the children (grandchildren of alcoholics) are often expected to convey this message to the community through their behavior, appearances and achievement. Many were given the message as they were growing up that their parents could not, or would not, handle the guilt of having made any mistakes, so the grandchild of the alcoholic may assume full responsibility for turning out less than perfect (Smith, 1988).

Many adult child parents give double messages since they know what they should say but are unable to live the message or rule themselves. Many adult child parents try very hard to show their love by doing the

right things, and assume that their children will feel the love through the things that are done for them. The ability to be intimate, and to actually love freely and openly, expressing this love unconditionally both in words and in outward affection is lacking in many adult children. Adult children with low self-worth may fear the rejection and possible abandonment by their children (or anyone else) and remain well defended, even in their parental role. Despite the way adult children are living, many desperately want their children to do it otherwise. What they model is much more important than what they say (Smith, 1988).

Many adult children of alcoholics learn the language of a healthy family, except for the feeling language. They learn how to show the external appearance of a functional family system but don't really live it themselves. The result is an obviously sincere but futile effort to convince themselves and their children (grandchildren of alcoholics) that they are okay (Smith, 1988). Balis (1986) hypothesized that since the adult children of alcoholics probably don't learn to talk about feelings, the unspoken command to silence may remain in the grandchildren of alcoholic family.

Since many adult children are unable to experience their own feelings and express them openly or

appropriately, they cannot model or teach their children. They have a sense of how things ought to be and may even verbalize to their children that they ought to express their feelings, but their verbal permission may not be taken seriously without the ability to demonstrate this skill to their children. Most children are naturally protective of the feelings of parents and sensing the discomfort or emotional pain of the adult child parent, the child will learn to express only what is well received by the parent (Smith, 1988).

Adult children parents' best kept secret tends to be their family history. Rarely do the grandchildren of alcoholics know that there is alcoholism in the family (Balis, 1986). Situations and occurrences, which in another family would seem like meaningless events with no emotional charge attached, can be to the adult children shameful and embarrassing. Things like temporary financial setbacks, health problems, divorce or remarriage may be kept secret for generations in an alcoholic family. One of the reasons for this fear of disclosure is the shame of having a problem which they could not control themselves without help (Smith, 1988).

Grandchildren of alcoholics often blame themselves when their lives become unmanageable. They may not

have a connection to the past so they attribute their problems, character defects and poor choices to their own inability to function as an adult. They tend to see their family system as seemingly healthy with parents who did their best to prepare them for the world and see that something is wrong with them (Smith, 1988). They may be unaware that they have not been taught adequate coping strategies (Cermak, 1990).

These grandchildren usually know that the self-esteem of their families and their parents depends on how they perform and therefore feel a great deal of shame at not bringing pride to the family. Many were given the message as they were growing up that their parents could not, or would not, handle the guilt of having made any mistakes, so the grandchild of the alcoholic may assume full responsibility for turning out less than perfect (Smith, 1988).

Most grandchildren have difficulties forming intimate relationships, but are very good at forming superficial relationships. Most children learn at a very early age that it is not safe to be who you are, and will begin to figure out what is acceptable, silencing the "real person", as young as two or three years old (Smith, 1988, p. 51). Coming from low self-esteem, they often learn to present to the world what they think it wants to see. The result is that the

pseudo-self is created to protect the fragile self-esteem and gain the approval necessary for survival. Unless intimacy is modeled and a part of a healthy family system, children are usually unable to create genuine intimacy (Smith, 1988).

Grandchildren of alcoholics often have extreme difficulty asking for help. The mere fact of needing help may mean that the grandchild has done something wrong and should be able to fix it themselves. These children may not have been asked what they need and may not have learned to express their needs to others. Needing is often seen as dependency and weakness, something to be ashamed of and avoided. Asking for help suggests that there is something wrong with the child or with the family (Smith, 1988).

In any family system where feelings are repressed, they must be acted out behaviorally. When addiction to chemicals skips a generation, it may not eliminate the environment which is fertile for addiction. The family system may continue to maintain the characteristics of a chemically dependent family and can support any addiction. Adult children parents may have modeled compulsive behavior, which can then be picked up by the grandchild of the alcoholic (Smith, 1988).

Grandchildren who are recovering from chemical dependency may experience extreme shame for bringing

the disease back into the family. In many ways they may feel worse for what the addiction has done to their parents than what it did to them personally. They may have difficulty accepting alcoholism as a disease and believe that they brought it upon themselves. They may also carry the guilt for making their parents look bad or inadequate as parents (Smith, 1988).

Grandchildren of alcoholics tend to be secretive without conscious awareness. The need to be secretive arises when there is the threat of abandonment, violence or serious harm if painful things are discussed. This may be ingrained and become automatic to the adult child of the alcoholic, who then may parent his or her children with this behavior. The need to protect each other from the truth is no longer as powerful, but children can sense what is upsetting and therefore taboo to their parents and may not feel free to talk openly as a result. They learn to share only what they must and rarely share outside the home. No one in the family acknowledges that this exists and children assume it is the right way to be, and so it can continue as a way of life for the grandchild of an alcoholic. While avoiding the pain and discomfort of being open with others, they may also miss out on the joy of being known and accepted by another human being (Smith, 1988).

Grandchildren of alcoholics are prone to cyclical episodes of depression possibly due to the lack of release for anger, grief, hurt, etc., and/or anxiety due to excessive worry about future events. Many grandchildren of alcoholics live in fear of the emotional outbursts, rage and irrational mood swings of their parents much like those of the active alcoholic (Smith, 1988).

Problem areas in the adult lives of grandchildren of alcoholics often include difficulty with relationships, being out of touch with feelings, poor self-worth, and feeling angry a lot (Smith, 1988).

All grandchildren of alcoholics may not fit the characteristics listed above. They, like the adult children of alcoholics, may have grown up as resilient children, finding ways of coping with their roles and using them to their advantage (Seefeldt & Lyon, 1992).

Bowenian Perspective

Bowen's initial conceptualization of family unit as an "undifferentiated family ego mass" (Hall, 1983, p. 17) lead to the development of eight basic concepts. The concepts of importance when looking at grandchildren of alcoholics are multigenerational transmission process and differentiation of self.

Bowen describes the multigenerational transmission process as the strong tendency to repeat impairing

patterns of emotional behavior in successive generations which culminates in lowered levels of differentiation of self for certain members of the younger generations. Unless conscious efforts to modify these impaired patterns are made, such behavior is usually repeated automatically. People may function somewhat higher or somewhat lower than the average level of functioning of the nuclear family in which they grew up, but quantum jumps in functioning (up or down) are uncommon. The way a family problem is played out in one generation has predictable consequences for the next generation (Kerr & Bowen, 1988).

The transmission of the level of functioning could be explained biologically; however, family systems theory assumes that individual differences in functioning and multigenerational trends in functioning reflect an orderly and predictable relationship process that connects the functioning of family members across generations. This process is referred to as the multigenerational emotional process (multigenerational transmission process). Multigenerational emotional process is anchored in the emotional system and includes emotions, feelings, and subjectively determined attitudes, values and beliefs that are transmitted from one generation to the next. This transmission is assumed to occur primarily through

relationships. The relationship experiences may begin in the womb, but the most easily recognized components of the multigenerational transmission process occur after birth (Kerr & Bowen, 1988).

Multigenerational transmission process describes and suggests possible outcomes of differentiation of self, dependencies in the nuclear family emotional system, and family projection over several generations. The family emotional systems are an integral part of evolutionary processes and adaptation. From the broad perspective of multigenerational transmission, the effects of marital conflict or of dysfunction of a spouse may be as significant for the functioning of members of future generations as the effects of family projection.

Rouse, Waller and Ewing (1973) saw adult children of alcoholics who abstain from drugs/alcohol as having many of the maladaptive characteristics of heavy drinkers which could be reflected in anxiety levels of their children. Adult children of alcoholics with low self-worth may approach parenthood with an underlying agenda of creating the family they always wished they had as children. Unfortunately, despite their strong motivation to change family patterns and break the addiction cycle, they may have only the images and fantasies of television characters, books they have

read or perhaps the seemingly happy homes of neighbors or friends from which to draw information (Balis, 1986, Smith, 1988). Adult children of alcoholics may be so determined to do better for their children but the results of growing up in an alcoholic home may have been so powerful that they were transmitted to the next generation (Austin & Prendergast, 1991, Balis, 1986).

Differentiation of self can occur at many levels. Self may be thought of as solid-self, made up of firmly held convictions and beliefs, and pseudo-self, made up of knowledge incorporated by the intellect and of principles and beliefs acquired from others. The solid self is formed slowly and can be changed from within self, but it is never changed by coercion or persuasion by others. The pseudo-self is acquired from others, and it is negotiable in relationships with others. It can be changed by emotional pressure to enhance one's image with others or to oppose the other.

At higher levels of differentiation, behavior is influenced by thinking and self-selected goals. These people can recover emotional equilibrium quickly after the stress passes. At the lower levels of differentiation, behavior is more automatic and is largely controlled by emotions and the anxiety of the moment. These people are vulnerable to stress and are much more prone to illness, including physical and

social illness, and their dysfunction is more likely to become chronic when it does occur. The level of differentiation is the degree to which one self fuses or merges into another self in a close emotional relationship. Most people spend their lives at the same basic level they had when they left their parental families. They consolidate this level in a marriage, after which there are few life experiences that change this basic level.

Bowen saw the family as a unit which affected its members. Things learned in a family are carried into the next generation. Families don't change in one generation but take shape over a long period of time.

In an alcoholic family the family unit may be very disrupted due to family members taking care of others' responsibilities and of their feelings. The alcoholism may not necessarily be carried on to the next generation, but, according to Bowen, the characteristics of the family members learned within the context of the family, will probably be carried on.

Conclusions

Bowen's notion of differentiation of self seems to be a struggle for many children of alcoholics. They appear to have a pseudo-self in which they are not thinking for themselves and are easily swayed by circumstance. This pseudo-self generates from learning

decision making in the family. For example, the child coming home from school needs to find out if his/her parent is drunk in order to decide what kind of mood he/she should be in. Flexibility is highly needed in these circumstances. Yet, a pattern of losing self can emerge.

According to Bowen, the level of differentiation is the degree to which one self fuses or merges into another self in a close emotional relationship. It appears that many children of alcoholics and co-dependents are very fused with others in their family as they must lose their self for the sake of keeping peace in the alcoholic system.

The nuclear family emotional system in an alcoholic family would appear to be functioning on a low level of differentiation due to the enmeshment that occurs in these families. According to Bowen, the greater the undifferentiation, the greater the potential problems. An example might be the lost child growing up in an alcoholic home and picking an alcoholic spouse. This could then continue the roles of the alcoholic family on to the new nuclear family, the next generation.

Bowen saw emotional cut-off as members of the family distancing themselves from each other. It seems apparent that this is happening in many families with grandchildren of alcoholics, especially where the

grandchild is not told about their grandparent's alcoholism.

Bowen believed that there was a strong tendency to repeat impairing patterns of emotional behavior in successive generations which would lead to lower levels of differentiation of self for members of the younger generations. One could draw from this assertion that there is a multigenerational transmission of alcoholic family characteristics. Just because alcoholism skipped a generation may not mean that the characteristics learned by the children of the alcoholic will not be passed on to their children.

It appears that people participating in dysfunctional families such as alcoholic families are vulnerable for the emergence of multigenerational problems. Bowen doesn't see these problems as the product of a biological defect or of something that has suddenly gone wrong. It is the outcome of a process that has many participants and that has gradually taken shape over a long period of time. A family does not change from very good functioning to very poor functioning in one generation. Thus, one can see the multigenerational effects that alcoholism can have on an extended family system.

It seems apparent then that using Bowen's theories, alcoholism can be seen as having multigenerational

effects. The disease itself may not be passed on from generation to generation but the effects of the disease are passed on, even when the alcoholism has stopped. The alcoholism seems to breed self-defeating thoughts, feelings and behaviors. These characteristic self-defeating thoughts, feelings, and behaviors are then often passed from parents to children through the generations.

Implications for Counselors

Potter-Efron (1989) thinks that the time elapsed since the child, adult child, or grandchild of the alcoholic has contact with the alcoholic is of little importance. No matter if the alcoholic is currently active or recovering, alive or deceased, immediately residing with the child or a part of the child's past, the important point is that the person may have been damaged emotionally, cognitively and behaviorally as a result of exposure to and interaction with the alcoholic and/or a child of an alcoholic (Potter-Efron, 1989). Bowen (1971) believes that unless conscious efforts to modify the impaired patterns of emotional behavior are made, the behavior is usually repeated. Therefore, breaking the cycle could be of great importance to all generations to follow.

Children learn to function and feel comfortable in an alcoholic system. They are taught to function in

ways of symmetry, not complementarity. They learn to blend within the family system, not becoming their own person. "This learning is not verbalized, intellectualized, or accessible to consciousness, but is rather bred to the bone, absorbed through the skin, taken in with the mother's milk and the father's rough play" (Copans, 1989, p. 288). Those in an alcoholic family can begin to acquire the same types of attitudes, feelings and behaviors characteristic of the alcoholic, even though they don't drink (Copans, 1989).

Even when drinking stops, alcohol-related problems may continue. The alcoholic father may be gone to AA meetings, and the mother may be attending Al-Anon. Yet, the children are still feeling a lack of support from parents, in some ways they may still be neglected (Copans, 1989).

Smith (1988) outlined several things an adult child/grandchild of an alcoholic should focus on in counseling, regardless of setting. Those are identifying and learning to express feelings; identifying abuse, expressing the pain and understanding; intimacy issues; other addictions and compulsions; trust issues; spirituality; play and balance; and self-esteem. The timing and the approach may be somewhat individual, but most children/grandchildren of alcoholics will at one time

or another face these issues. It is important for counselors to systematically facilitate such exploration and change.

Many grandchildren of alcoholics have a strong family loyalty which may render them reluctant to admit that their family of origin is less than ideal. Many may discount how poorly they were raised and may give parents credit for "trying" rather than for what they actually did (Smith, 1988, p. 57). They frequently defend their parents and siblings to others, even in the therapy setting. Sharing openly may cause them a great deal of guilt and to question whether they are exaggerating and misrepresenting how it was (Smith, 1988). Therefore, counselors need to help them realize that their childhoods were not ideal and that it is O.K. to talk about their family.

Woodside (1988) suggests that counselors can do a great deal through identification, education, and early intervention to break the multigenerational cycle of addiction and alleviate the pain and suffering of many. First, for a client struggling with these issues, denial must be broken; then the silence. Because the stigma of alcoholism still exists, grandchildren of alcoholics may still carry shame and see talking about the family as disloyal.

Counselors wo are sensitive to experiences of

grandchildren of chemical dependents can greatly help them break the rules of the family, feelings buried under secrets can be revealed, and finally these clients can see a reason why they felt the way they did growing up.

Similar to children of alcoholics of the generation before, though, constantly ruminating on past history does little to allow acceptance of responsibility for the future. Counselors must help grandchildren to not become enmeshed in self-pity, but to look forward to the future with new understanding and new decision-making capability (George, 1990).

References

Austin, G. & Prendergast, M. (1991). Young children of substance abusers. (Prevention Research Update No. 8). Portland, OR: Western Regional Center: Drug-Free Schools and Communities.

Balis, S. (1986). Illusion and reality: Issues in treatment of adult children of alcoholics. Alcoholism Treatment Quarterly, 3(4), 67-91.

Berkowitz, A. & Perkins, H.W. (1988). Personality characteristics of children of alcoholics. Journal of Consulting and Clinical Psychology, 56(2), 206-209.

Bowen, M. (1971). Family Therapy and Family Group Therapy. In H. Kaplan & B. Sadock (Ed.), Comprehensive Group Psychotherapy (pp.384-421). Baltimore: Williams & Wilkins.

Cermak, T.L. (1990). Should ACA issues be addressed during early recovery from chemical dependence? Observer, Fall.

Copans, S. (1989). The invisible family member: Children in families with alcohol abuse. In L. Combrinck-Graham (Ed.), Children in Family Contexts: Perspectives on Treatment. New York: Guilford Press.

Hall, C.M. (1983). The Bowen Family Theory and Its Uses. New York/London: Jason Aronson.

Kerr, M.E. & Bowen, M. (1988). Family Evaluation: An Approach Based on Bowen Theory. New York, W.W. Norton.

Lincoln, R. & Janze, E. (1988). The process of recovery: Its impact on adult children and grandchildren of alcoholics. Alcoholism Treatment Quarterly, 5(1/2), 249-259.

Perkins, H.W. & Berkowitz, A.D. (1991). Collegiate COAs and alcohol abuse: Problem drinking in relation to assessments of parent and grandparent alcoholism. Journal of Counseling and Development, 69, 237-240.

Rouse, B., Waller, P., & Ewing, J. (1973). Adolescent's stress levels, coping activities, and father's drinking behavior, Proceedings, 81st Annual Convention, APA, 681-682.

Seefeldt, R.W. & Lyon, M.A. (1992). Personality characteristics of adult children of alcoholics. Journal of Counseling and Development, 70, 588-593.

Smith, A.W. (1988). Grandchildren of Alcoholics: Another Generation of Co-dependency. Deerfield Beach, FL: Health Communications.

Thanepohn, S.G. (1986). Grandchildren of Alcoholics at risk. Changes, 5, 6-7.

Woodside, M. (1988). Children of alcoholics: Helping a vulnerable group. Public Health Reports, 103(6), 643-645.